

MRS Pilot Meeting
February 16, 2006
Alamance Ag Center

Counties Present: Bladen, Buncombe, Guilford, Mecklenburg

Update from Duke:

Preview of the Fact Sheet

Each county will only have their own data – it will be compared to the 10 county mean as well as the state.

Child Safety –

Decided to look at 6 month as well as 12 month re-assessment data (based on the recommendations of this group last time)

Case Flow over time – looking at % of assessments assigned to family assessments

Breakdown of findings within family assessment track;

Frontloading services - mean # of frontloaded minutes. More explanation here.

Re-assessment means a new report that has been accepted. Maybe change language because they mean a repeat accepted report.

Contributory Factors – when Duke looked at data 50% of the cases in the system for subbed or INS did not have any at all. Of the ones that did, they had different factors for each child, normal, but different household factors for the kids in the system. That was unexpected. There may be multiple issues and when they are doing data entry they are assigning one CF to each child to capture them all.

Problems – mandatory in policy but not on CR

Definitions (SA must be diagnosed by professional – even if mom admits she smokes crack)

Do we allow you to put in CF for services recommended and services not needed? Find out??????

Other information:

Lets you know where they got their data from.

Final data is a placeholder – they do not have data on blended cases at this time but want to let people know.

This information will come from the MRS database

What is an operational definition of 'provided'? When they check that the services were provided on the MRS case tracking form, what has happened that lets the SW know that the services were provided.

Email the current case tracking form.

Fact Sheets will come out every year, next year for all 100 counties. This year only the pilot 10 – probably closer to the end of the fiscal year.

Consent forms

April - any family that social workers have contact with in April they will try to get a consent form signed. Instead of having a script for SW to read like we talked about last time, they made the consent itself simple enough that they feel that the families will be able to understand it.

Would like to get the consents back from the counties each week so that they can start contacting families. Duke made a box for each county that has consents and envelopes for returning them.

Will add a checkbox to the consent forms on the page that is returned to Duke, That way Duke will know if the families are in 210 or 215. That way they won't inadvertently contact all 210 or all 215.

Last year when they did this, families wanted to talk to them. Much more so than they thought.

A blurb to send out to the social workers so that they would understand why they are collecting the consents. This is the one page thing with the heading Family Phone Interviews.

Add that social workers really need to go over the consent with the families and not just hand it to them and pick them up the next time. Also ensure that they make it clear that it is not mandatory. And direct them to leave the top 2 pages with the family.

Suggestion to make the blurb to social workers simpler and quicker to read so that they will read it all.

Other Topics

Child & Family Team Meetings

One county felt that there were some issues:

These are not really happening. There are some meetings going on, but they are not really CFTs they are something thrown together at the last minute to get some main stuff done.

Feel that we need a training on how to prep for CFTs. Not a touchy feely training on how to hold the meeting, but one on how to prep for one.

Not all counties agreed.

From the focus groups – the initial case planning CFT might not have many people because there are no service providers to invite yet. Extended family may not be there because since the kids haven't been taken into custody yet, they won't want their friends and family there because those folks don't know that they are the subject of an assessment.

Maybe this is ok because the family needs to experience the first one to gain a level of trust and then they will invite people. You can talk all you want, but the family may not believe them until they have been to a meeting.

Also have to continue the communication with the community and let them know that MRS is not some initiative that is only around for a couple of years, that it is here to stay.

The problem is that SW are not planning in advance. MRS includes a lot of up front planning so that it is not overly burdensome on the back end (ex: you have a CFT at 6pm which takes SW from their own family, but if they did the planning for the CFT in advance and knew they had a CFT at 6 pm on Thursday you could take some other time off to go to lunch with your child or something.

This is made worse by the fact that not all agencies have true buy-in to the process.

Coming out of preservice they equate family centered with family friendly. The trainers who are training have never done family assessments so there is a little disconnect.

Discussion of issues with accountability and other internal issues involved with social workers.

Have directors talk to other Directors because peer to peer will make more of an impression.

Friday May 11th – here.